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Bib Data Sheet

CONFIRMATION NO. 5087

SERIAL NUMBER 10/643,693	FILING DATE 08/19/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 27392/26877
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** CONTINUING DATA *****

none cod

** FOREIGN APPLICATIONS *****

GERMANY 102 38 556.4 08/22/2002

ok cod

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/21/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>C. Stiles</i>	Initials <i>cod</i>		

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TITLE

Medical or dental rod-like handpiece having a display

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)